

Arkansas Department of Labor and Licensing

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ENTERTAINENT APPLICATION FOR EMPLOYMENT OF A MINOR

Section 1. Statement of Parent (This statement must be	e completed by the parent or guardian, employer and minor if
applicable)	
I, the undersigned, hereby affirm that I am the(Parent, Guard	of,
(Parent, Guard	dian or Custodian) (Minors name)
now residing at	Arkansas,and that
(Street, City & County)	(Zip Code)
was born in	on the
(he/she) (City) (Count	ty) (State) (Date)
of and is no	ow vears of age.
of, and is no (Year)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(Name of School)	, in (Location) (Year)
Child will be employed by	as
Child will be employed by(Give Name of Employed)	ver and Mailing Address)
and I ask that an employment (Occupation of Minor)	certificate be Issued to said child as provided by law.
(Signature of Parent, Guardian or Custodian) (Date)	(Signature of Child)
(Address of Parent, Guardian or Custodian)	(Telephone/Contact number)
Section 2. Intention to Employ Statement (This statement), the undersigned intend to employ:	in the capacity of,
	for the time period of
at,for (Set Location where Minor will be present)	(Name of Minor) for the time period of, (Dates of Employment) r hours per day beginning a.m. and
(Set Location where Minor will be present)	
ending p.m. The child's rate of pay will be	per
Name of the employer representative designated to coo	
at the place of employment	Description of work minor is to perform,
including any athletic activity, stunts, or special effects in	nvolved:
I,inten	nd to employ the above-named minor immediately upon
(Signature of Employer or Authorized Agent) receipt of an Entertainment Work Permit issued by the A with the provisions of Arkansas law and regulations and	
(Name of Business)	(Mailing address)

Section 3. Attachments (All the following MUST accompany the application)

- 1.Proof of Age,
- 2.Doctor Statement or School Statement (depending on minors age)
- 3. Proof of Workers Compensation